

#### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4)

Summary Sheet FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side. PAGES IN ENTIRE CFA-4 REPORT IS THIS AN AMENDMENT? No FOUL COMMITTEE INFORMATION 1. Full Name of Committee (as on Statement of Organization) Check If this is a new name Jeff Gilliam for County Council 2. Acronym or Abbrevlated Name (if any) 3. Committee Telephone Number (317) 691-0966 Check if this is a new address 4. Mailing Address (address where all campaign finance correspondence is received) 10724 Pimlico Circle 5. City, State, ZIP Code 5. Party Affiliation (if applicable) Indianapolis, IN 46280 Democrat CANDIDATE INFORMATION (For Candidate's Committees Chly) 8. Party Affiliation or If Independent Candidate 7. Full Name of Candidate (include any nickname) Jeff Gilliam Democra T 9. Office Sought (Include district number, if any. Not required for exploratory committee.) 10, County of Residence Hamilton TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one: Check one: ☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other \_ Pre-Convention Post-Convention Final/Disburids Committee (lines 18, 19, and 20 must be 107) Outgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting Period: COLUMN B COLUT'N A July 24, 2008 Through: October 17,2008 This Period Year to Date 195.92 13. Cash on hand and investments at the beginning of this reporting period 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 250.00 15a. Itemized (use Schedule A) 15b. Uniternized 15c. Add lines 15a and 15b in both columns SUBTOTAL 445.92 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 278.00 17b. Unitemized 17c. Add lines 17a and 17b in both columns SURTOTAL 278.00 Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 19. Debts OWED BY the committee (use Schedule D) 20. Debts OWED TO the committee (use Schedule E) FOR OFFICE USE ONLY CERTIFICATION Signature on File BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. THE Sec. Treasures 10.16.086 ied for sale or used for any commercial purpose, (IC 3-9-4-5) A person who knowingly

A person who fails to file a complete or accurate report as required by the Indiana

Compaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-94-16, IC 3-94-17, IC 3-94-16)



#### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R13\*11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this achedule, see instructions on the reverse side. This schedule is used to occument contributions and receipts totaled on ITEM 159 of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committiee). All cumulative contributors of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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			, 1	
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CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	GOLUMN B	DATE
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	RECEIVED
street number city, state. ZIP code)  Arnold J. Gilliam Retired	Contributions:  Direct In-Kind (describe)	50.00	YEAR-TO-DATE	7/28/08
18348 Piers End Dr. Nobles Ville IN 46060 Contributors Occupation of required Retired	Other Receipts: Interest Loan Misc. (specify)	0.00	500.00	J.Gilliam
2.	Contributions:  Direct  In-Kind (describe)			
	Other Receipts:   Interest   Loan   Misc. (specify)			
Cantributor's Occupation (if required)			<u> </u>	
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Documenton (if equired)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	Contributions:		<del> </del>	
	Direct In-Kind (describe)			
	Other Receipts; Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$50.00	Time.	
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



#### REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (auch as barn proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Secrets, Inc. 11711 N. Pennsylvania St.	Contributions: Direct In-Kind (describe)	200.00	200.00	8/26/08 J.Gilliam
Suite 104 Carmel, IN 46032	Other Receipts:  Interest Loan  Misc. (specify)			J.Gilliam
2.	Contributions: Direct In-Kimd (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3,	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Mico. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:    Interest   Loon   Misc. (specify)			
5.	Cantributions: Direct In-Kind (doscribe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
	THIS PAGE OF SCHEDULE A	:200.00		1 2 3 3 3
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$250.00		



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### (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17g of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as trensfers-out from candidate, legistative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (il epplicable)	TYPE OF EXPENDITURE and FURPOSE (be specifie)	COLUMN A AMOUNT THIS : PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
300 May St. Montgomey, AL 36104	N/A	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	278.00	532.08	9/28/08
Code		Direct In-Kind Payment of Debt Redurned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct in-Kind Payment of Debt Returned Contribution Other Parpose:			
Code		Direct In-Kind Payment of Debt Rectamed Combibution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose;			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 278.00	NOCHE E	
TOTAL OF ALL PA	GES OF SCHEDULE BON THE (Enter total on ITEM 17a of 1	E LAST PAGE ONLY	\$ 278.00		